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STATE OF DELAWARE	D-05.2	1 OF 2
DEPARTMENT OF CORRECTION	RELATED NCCHC/ACA STANDARDS: P-D-05/4-4348, 4-4349, 4-4414	
CHAPTER: 11 HEALTH SERVICES	SUBJECT: HOSPITAL CARE	
APPROVED BY THE COMMISSIONER:		
EFFECTIVE DATE: 11-19-07		

PURPOSE:

Hospital care that is not available on site is available off site.

POLICY:

1. Hospital and specialty physicians groups are maintained on a list in the Health Services Administrator's office. This list will be reviewed and updated annually.
2. A written agreement (contract, letter of agreement, memorandum of understanding) is obtained from the hospitals. This agreement stipulates that a summary of care and recommendations be provided to the healthcare staff at the site.
3. Appropriate health information is provided either verbally or on paper to the hospital for Emergency Department transfers and scheduled admissions.
4. For security reasons, inmates are not informed of the appointment date and times.
5. The inmate and information returned from the visit are assessed/reviewed by a nurse when the inmate returns from the hospital or emergency room. Follow up care and recommended treatment/medications are reviewed and acted upon by the physician. The receiving nurse must contact the sending hospital when patients return without follow-up instructions. Upon return from the hospital, discharges must be assessed by the nurse in consultation with the physician to determine the need for infirmary level care.
6. Follow-up care with the onsite primary care provider must occur within five (5) calendar days to address the issue for which the patient was sent off site.
7. Patients whose hospitalization is related to one of their chronic diseases as being in poor control must have this occurrence documented in their subsequent chronic care visit notes.

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8. Hospital admissions are called or communicated electronically within 24 hours to the Office of Health Services and Utilization Management Nurse.
9. Inmate information is placed into the Inmate Eligibility System, as indicated.
10. Approvals for non-emergent care are obtained as required.
11. Confidentiality of health information is maintained during transfer to the hospital or emergency room.
12. Security is notified immediately for emergent transfers and as needed for non-emergent transfers to facilitate transport and security personnel arrangements. For non-emergent transfers seven (7) days notice should be given, if possible.
13. Logs are maintained to track the status of off site referrals.
14. The Utilization Management Nurse follows all hospitalized inmates.
15. Health Services Administrator is notified by security if scheduled transportation will not occur. Health Services Administrator or designee determines priority of need and reschedules services. This information is monitored for trends.
16. Site Health Service's staff, in consultation with security Shift Commander, determines if ambulance or security transport is needed.

References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-D-05

American Correctional Association: Standards for Adult Correctional Institutions, 4th Edition, 2003, 4-4348, 4-4349, 4-4414